



# The Teen Pregnancy Prevention Replication Study: Implementing *iCuídate!* | REPORT SUMMARY |

## Overview

The federal Teen Pregnancy Prevention (TPP) Program, administered by the Office of Adolescent Health (OAH), includes funding for interventions that address the issues of teenage pregnancy and sexually transmitted infections (STIs) by: (1) replicating program models that have shown some evidence of effectiveness in reducing rates of both and related behaviors; and (2) testing innovative strategies aimed at producing the same outcomes.

The TPP Replication Study, funded and overseen jointly by OAH and the Office of the Assistant Secretary for Planning and Evaluation (ASPE), was designed to test whether three program models, each previously shown to be effective in a single study, continue to demonstrate effectiveness. The study had two components: an impact evaluation and an implementation study. The overarching goal of the impact evaluation was to estimate the impacts of three program models on adolescent sexual behavior. The implementation study sought to document program delivery, determine the feasibility of consistently replicating evidence-based programs with fidelity and high quality, describe the community contexts in which the program models operated, and explore the challenges faced by

## The Implementation Study...

- **Describes** how the replications were implemented, the contexts in which they were implemented, and the implementation challenges encountered;
- **Evaluates** the extent to which program models were replicated with fidelity and met quality and performance standards; and
- **Identifies** lessons for future implementation efforts.

grantees. This summary presents highlights from a report<sup>1</sup> on the implementation of *iCuídate!*, an HIV/AIDS prevention program designed specifically for Hispanic youth.

<sup>1</sup> The report that accompanies this brief is one in a series that present findings from the TPP Replication Study. Two companion reports describe the implementation of the other two program models evaluated (*SSI and iCuídate!*). Six earlier reports present findings on the short-term and longer-term impacts of each of the three program models, which can be accessed from the TPP Replication study webpage: <https://aspe.hhs.gov/teen-pregnancy-prevention-tpp-replication-study>.

## EXHIBIT 1: SUMMARY OF THE *iCUIDATE!* PROGRAM AND ITS THREE REPLICATIONS

Program Model, Grantee	Study Location	Target Population	Participant Characteristics <sup>a</sup>	Program Duration and Intensity	Program Setting	Program Delivered By
<b>Grantees Replicating the Program</b>						
<b>Community Action Partnership of San Luis Obispo County</b>	School districts in San Luis Obispo County, CA	10th-graders	<ul style="list-style-type: none"> <li>• 29–47% Hispanic, 47–64% non-Hispanic White, 1–3% non-Hispanic Black</li> <li>• 35–50% free/reduced-price lunch</li> </ul>	<ul style="list-style-type: none"> <li>• OAH-approved adaptation added two sessions on STIs and pregnancy prevention.</li> <li>• Eight sessions over eight weeks</li> </ul>	Pullout sessions during school day in three high schools	Facilitators hired and trained by Community Action Partnership
<b>La Alianza Hispana (La Alianza)</b>	School districts in Greater Boston, MA	9th-graders (some 10th- and 11th-graders)	<ul style="list-style-type: none"> <li>• 62–78% Hispanic, 9–20% non-Hispanic White, 4–25% non-Hispanic Black</li> <li>• 68–88% free/reduced-price lunch</li> </ul>	<ul style="list-style-type: none"> <li>• Six sessions with schedules varying by school: from nine 45-minute sessions over three weeks to three 2-hour sessions in one week</li> </ul>	Non-core classes in two high schools, after-school program in one high school; 2 community-based program settings	Facilitators hired and trained by La Alianza
<b>Touchstone Health Services (Touchstone)<sup>b</sup></b>	School districts in Greater Phoenix, AZ	8th-graders	<ul style="list-style-type: none"> <li>• 61% Hispanic, 29% non-Hispanic White, 7% non-Hispanic Black</li> <li>• 18.5% below federal poverty level</li> </ul>	<ul style="list-style-type: none"> <li>• OAH-approved adaptation added one session on pregnancy prevention.</li> <li>• Seven modules delivered over three weeks</li> </ul>	Non-core classes in 10 elementary or intermediate schools, grades K–8	Facilitators hired and trained by Touchstone

<sup>a</sup> Data for participant characteristics in each of the replication sites comes from the baseline survey of program participants.

<sup>b</sup> During the time of the study, the agency was called Touchstone Behavioral Health.

In this study, three organizations implemented *iCuidate!* between 2010 and 2015. Settings for the program varied across replications and included public high schools (traditional, vocational-technical, and charter), middle schools, a summer youth employment program, and a summer youth sports program. Exhibit 1 summarizes the program implemented by each grantee.

### Summary of Findings

The three grantees were all well-established in their communities with a record of providing services to families for more than thirty years. Two of them (Touchstone and Community Action Partnership) differed from the third, La Alianza, in that they had more experience focusing on children and partnering with local schools. Partly as a result, La Alianza struggled to find partners and settings for the program well beyond the pilot year.

**For the most part, the program was delivered in schools, during the school day and, as a result, attendance levels were high. Across all three grantees, 86% of participants attended at least 75% of the sessions. When the program was provided as an after-school program or in a community-based setting, participants had difficulty maintaining consistent attendance.** For some youth, after-school jobs conflicted with the program. Others had family responsibilities, such as caring for younger siblings, often with irregular schedules. In the three settings where *iCuidate!* was provided outside regular school hours, attendance at 75% of the sessions hovered around 40%.<sup>2</sup>

#### **A program such as *iCuidate!*, that targets a specific ethnic group, faces implementation challenges**

<sup>2</sup> Since these were small programs, accounting for just under one-third of participants in one replication site, they had little effect on overall attendance.

**in any environment that is not overwhelmingly composed of members of the target group.** The three grantees chose to implement the program primarily in schools, with the advantages that brings in terms of recruitment and retention of participants. However, *iCuidate!* was not always a perfect fit for some school settings, where it isn't acceptable to target a specific ethnic group. As one grantee found, such ethnic targeting may also not be acceptable in a community-based organization that is struggling to reduce ethnic tensions. Grantees addressed this by opening the program to all interested youth while making clear its cultural focus.

**In all three replications, facilitators and their supervisors struggled to translate Hispanic cultural references for non-Hispanic youth (and explain them to Hispanic students who were unfamiliar with them) and to incorporate essential material that was not in the curriculum.** Even if the program's basic messages have universal application, its very specific Hispanic cultural references need to be translated to make them relevant to non-Hispanic participants (and, in some cases, to Hispanic groups other than the Puerto Rican youth in the original study). Facilitators, often with the help of their students, had to undertake this task.

While some gaps in the curriculum were identified and filled before full implementation,<sup>3</sup> program staff realized in the course of delivering the curriculum that many participants lacked a basic understanding

of reproductive anatomy. The curriculum assumes a familiarity with body parts and their functions, without which much of the material is hard to understand. Grantees solved this in different ways, usually providing an explanation before introducing material that required such knowledge, and sometimes using a poster to illustrate the relevant anatomical parts.

**In spite of these challenges, all three replications of *iCuidate!* demonstrated that, with appropriate training, support, and monitoring, it is possible to consistently replicate a program model with fidelity to its core elements while incorporating minor modifications or additions that respond to the local needs of schools and participants.** The infrastructure created by the Office of Adolescent Health to ensure fidelity to the program model and encourage high levels of performance provided early and ongoing support to staff who delivered the program and to their supervisors. Offering training throughout the duration of the program, providing measures of program fidelity and quality and requiring regular reporting on them, as well as on attendance, not only ensured accountability but also provided a variety of ways for program staff to obtain feedback on their performance and engage in continuous program improvement.

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<sup>3</sup> Because the program's focus was on HIV/AIDS, material on pregnancy prevention and contraceptive methods other than condoms, as well as on other STIs needed to be added. Grantees added one or more sessions on these topics or incorporated material into existing sessions. All added materials were submitted to OAH for approval and reviewed for medical accuracy.



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